

# CLARK COUNTY FIRE MARSHAL

1408 Franklin

P.O. Box 9810

Vancouver, WA 98666-9810

Phone (360) 397-2375

## REVIEW APPLICATION

**JOB ADDRESS:** \_\_\_\_\_

**OCCUPANT:** \_\_\_\_\_

**ACTIVITY #** \_\_\_\_\_ **PROJECT/FILE #** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cellular/Pager # ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

An application is hereby made for the following review (please check where appropriate):

<input type="checkbox"/> <b>A. Development Review</b>	<input type="checkbox"/> <b>J. Semi-Conductor Fabrication</b>	<input type="checkbox"/> System or Product Use/Deliver/Vent Vapor/Recovery Piping
<input type="checkbox"/> <b>B. Building Construction/Change in Use</b>	<input type="checkbox"/> <b>K. Compressed Gases (Fixed Systems)</b>	<input type="checkbox"/> Hazardous Material Recycling Systems
<input type="checkbox"/> <b>C. Fire Alarm Systems</b>	<input type="checkbox"/> Bulk Oxygen, Medical or Nitrous Oxide	<input type="checkbox"/> Hazardous Material Storage Facility Modification or Abandonment
<input type="checkbox"/> <b>D. Fire Extinguishing Systems</b>	<input type="checkbox"/> Other Flammable or Non-Flammable	<input type="checkbox"/> Review of Hazardous Materials Management Plan
<input type="checkbox"/> Automatic Sprinkler Systems	<input type="checkbox"/> <b>L. Magazines</b>	<input type="checkbox"/> Review of Hazardous Material Inventory Statement
<input type="checkbox"/> Standpipe Systems	<input type="checkbox"/> Permanent	<input type="checkbox"/> Explosives
<input type="checkbox"/> Commercial Cooking Protection	<input type="checkbox"/> Portable	<input type="checkbox"/> Storage
<input type="checkbox"/> Other Extinguishing Systems	<input type="checkbox"/> <b>M. L.P.G. - Fixed Installations</b>	<input type="checkbox"/> Manufacture, Assembly, or Testing
<input type="checkbox"/> <b>E. Smoke Removal Systems</b>	<input type="checkbox"/> <b>N. Aerosol Storage</b>	<input type="checkbox"/> Pyrotechnic Special Effects
<input type="checkbox"/> <b>F. Fire Pump Systems</b>	<input type="checkbox"/> <b>O. High Piled Combustible Storage</b>	<input type="checkbox"/> <b>Q. Cryogenics Systems</b>
<input type="checkbox"/> <b>G. Application of Flammable Combustible Finishes</b>	<input type="checkbox"/> <b>P. Hazardous Materials</b>	<input type="checkbox"/> <b>R. Review of Plans for Special Uses</b>
<input type="checkbox"/> Spray Booths, Areas, Rooms	<input type="checkbox"/> Storage, Dispensing, Use or Handling	<input type="checkbox"/> <b>S. Revisions to Plans Submitted for Review</b>
<input type="checkbox"/> Dip Tank Operations	<input type="checkbox"/> Storage Tanks Installation	<input type="checkbox"/> Other Review
<input type="checkbox"/> Combustible Powder Application	<input type="checkbox"/> Below Ground	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other	<input type="checkbox"/> Above Ground	
<input type="checkbox"/> <b>H. Commercial Drying Oven</b>	<input type="checkbox"/> Removal, Abandonment Repair or Reline	
<input type="checkbox"/> <b>I. Organic Coating Procedures</b>		

NOTE: This application is not an approval or authorization for work to begin. Plan Review and inspection fees outlined in CCC 15.14A.020 and 15.14A.030 may be applicable.

In addition to any other penalty allowed by county code, double review fees will be charged where work has commenced prior to the applicant obtaining the required reviews, approvals or permits.

APPLICANT'S SIGNATURE

TELEPHONE NO

DATE SUBMITTED